

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715198

FILED
Feb 16, 2009
Secretary of State

Entity Name: GOOD SAMARITAN HOSPITAL, INC.

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD.
440
WEST PALM BEACH, FL 33401

Current Mailing Address:

1645 PALM BEACH LAKES BLVD.
440
WEST PALM BEACH, FL 33401

New Principal Place of Business:

3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073

New Mailing Address:

3805 WEST CHESTER PIKE
100
NEWTOWN SQUARE, PA 19073

FEI Number: 59-0651088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, DALE S
401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RUSSELL, DANIEL F
Address: 1645 PALM BEACH LAKES BLVD. SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD () Delete
Name: RUSSELL, C KENT
Address: 1645 PALM BEACH LAKES BLVD. SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: STANEK, ROBERT V
Address: 1645 PALM BEACH LAKES BLVD. SUITE 440
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: RUSSELL, DANIEL F
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: STD (X) Change () Addition
Name: RUSSELL, C KENT
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: PD (X) Change () Addition
Name: STANEK, ROBERT V
Address: 3805 WEST CHESTER PIKE, SUITE 100
City-St-Zip: NEWTOWN SQUARE, PA 19073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT V. STANEK

CEO

02/16/2009

Electronic Signature of Signing Officer or Director

Date